

Absence / Late Notice

PLEASE PRINT

Employee Name _____ Employee/Payroll # _____
LAST FIRST MIDDLE

Date(s) Absence/Late _____

Absence/Lateness Reported by _____

Date ____/____/____ Time _____ Acceptable time frame for notification Yes No

Was the employee paid for the time missed? Yes No

Reason for Absence/Lateness Please check all that apply.

- Accident on/off the job
- Death in the family
- Educational
- Holiday
- Illness
- Jury duty
- Medical appointment
- Military
- Personal day
- Suspension
- Vacation
- Other _____

Employee explanation, if needed: _____

Consequence of Absence/Lateness

- If due to medical reasons, was a doctor visited? Yes No
- Was the employee asked for physician certification? Yes No
- If yes, was it provided? Yes No

The employee's absence/lateness is: Excused Not excused

If not excused, the following action will be taken:
 No Action Warning Suspension Final warning Dismissal Other _____

Supervisor's Comments

Supervisor's Signature _____ Date ____/____/____



Absence/Late Notice #5883 (stock), #5883I (imprinted)
This form does not constitute legal advice to the employer. To determine whether an employee would violate Federal, State or Local law, you should seek professional advice.
Seller assumes no responsibility for the employer's use of this form and decisions based on the information provided on this form.